

PART B - FEE(S) TRANSMITTAL

Complete and seal this form together with applicable fee(s), to: **Mail Box ISSUE FEE**
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803 7590 03/20/2003

HENDERSON & STURM LLP
1213 MIDLAND BUILDING
206 SIXTH AVENUE
DES MOINES, IA 50309-4076



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>Michael J. Shepherd</i>	(Depositor's name)
<i>Michael J. Shepherd</i>	(Signature)
<i>June 6, 2003</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/836,900	04/17/2001	Paul H. Mears	2-5526-002	6554

TITLE OF INVENTION: SRED METER TRANSFER AND STORING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO- YES	\$1300 650	\$300	\$1600 950	06/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWENSON, BRIAN L	3618	280-079300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STURM & FIX LLP

2 _____

3 _____

3. **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 5

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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) *Michael J. Shepherd* (Date) *June 6, 2003*

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01 FC:2501	650.00 00
02 FC:8001	15.00 00
03 FC:1504	300.00 00

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